

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 576476

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		2		1		
5		2				
6	(1)		1			
7	1		1			
8		1		1		
9		1		1		
10						
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	10	←	7	←		←
TOTAL CLAIMS	12	[REDACTED]	9	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.			7			
TOTAL CLAIMS	12	[REDACTED]	9	[REDACTED]		[REDACTED]